

IIMT UNIVERSITY, MEERUT

FACULTY/ STAFF'S PERCEPTION SURVEY QUESTIONNAIRE / FEEDBACK

SR. No	Performance Indicator	Excellent		Good			Fair		Poor		
		10	9	8	7	6	5	4	3	2	1
1	FACILITY										
a	Research lab/laboratory in your department										
b	Library										
c	Teaching aids in your department										
d	Transport										
e	Recreation / sports										
f	Medical										
g	Housing										
h	Canteen										
i	Extra –curricular										
j	IT facilities like internet										
	STAFF WELFARE										
	i) Health Insurance										
	ii) Provision for od/compensatory leaves in lieu of working on holidays / Sundays.										
	iii) Provision of study leaves for qualification up gradation.										
	iv) Due recognition for r n d work										
	v) Patenting facilities										
	vi) Maternity leave										
	vii) FDP at campus / off campus.										
	viii) Leaves on the death of family member.										
	ix) OD for external examination work/inspection/Others										
2	Facilities at faculty room										
3	Opportunities for training of the faculty to upgrade knowledge & skill										
4	Internal & external communication										
5	General behavior of the students										
6	Student's attendance pattern										
7	Student's performance pattern										
8	General environment at your University conducive to learning / teaching										
9	Growth opportunities										
Overall observations / suggestions for improvement.											

IIMT UNIVERSITY, MEERUT

NAME OF FACULTY / STAFF& THUMB ID		
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IIMT UNIVERSITY, MEERUT

To

Subject: Employers Feedback Report

Dear Sir/Madam,

I shall be highly grateful if you please furnish us the information on the enclosed format in respect of Mr./Ms. _____ s/o/d/o _____, Course _____ in _____ who was selected by your esteemed organization in the Campus interviews conducted in our Campus for the batch _____ per return of post.

Thanking you,

Yours faithfully,

Encl: As Above

Dean

IIMT UNIVERSITY, MEERUT

FORMAT FOR EMPLOYER'S FEEDBACK

1. Name of the Employee:
2. Designation:
3. Department:
4. Date of Joining:
5. Date of Leaving (If left out):

6. Assessment by the Employer (Please put tick mark in the appropriate Column).

	Excellent		Good			Satisfactory		Poor		
	10	9	8	7	6	5	4	3	2	1
Punctuality										
Conduct										
Behavior										
Diligence										
Habit of working with his/her own hands if the facilities are available										
Safe Work habits/Observation of precautions										
Leadership Quality										

7. Any deficiency/shortcoming noticed:
in the employee.
8. Good/strong points of the employee :

9. Over-all rating (Strike out if not applicable) : Excellent/Good/Satisfactory/Poor

Date:

Signature

Name of Officer

Designation

Office Seal

**To be sent directly to:
Dean**

**IIMT University, 'O' Pocket, Ganga Nagar,
Mawana Road, Meerut-250001**